

Isaac Golden

Homoeoprophylaxis - A Fifteen Year Clinical Study

Reading excerpt

[Homoeoprophylaxis - A Fifteen Year Clinical Study](#)

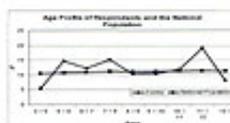
of [Isaac Golden](#)

Publisher: Golden



Homœoprophylaxis – A Fifteen Year Clinical Study

A Statistical Review of the Efficacy and Safety of Long-Term Homœoprophylaxis



Year	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992
Influenza infections	10	15	12	18	14	16	13	17	11	19	15	14	16	12	18
Other infections	5	7	6	8	6	7	5	9	4	10	7	6	8	5	11
Total infections	15	22	18	26	20	23	18	26	15	29	22	20	24	17	29

Dr Isaac Golden
PhD, D.Hon., N.D., B.Ec (Hons)

Year	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992
Influenza infections	10	15	12	18	14	16	13	17	11	19	15	14	16	12	18
Other infections	5	7	6	8	6	7	5	9	4	10	7	6	8	5	11
Total infections	15	22	18	26	20	23	18	26	15	29	22	20	24	17	29

<http://www.narayana-verlag.com/b6869>

In the [Narayana webshop](#) you can find all english books on homeopathy, alternative medicine and a healthy life.

Copying excerpts is not permitted.

Narayana Verlag GmbH, Blumenplatz 2, D-79400 Kandern, Germany

Tel. +49 7626 9749 700

Email info@narayana-verlag.com

<http://www.narayana-verlag.com>



3 THE METHOD OF DATA COLLECTION AND ANALYSIS

The data analysed in this survey were collected by sending annual questionnaires to parents whose children used my long-term HP program. Some parents returned only one questionnaire, while others returned questionnaires each year for up to 8 years.

Each questionnaire returned covered one year of their child's life experience, and parents were asked to report any reactions to remedies in the program, exposure to diseases covered by the program, and any such disease contracted.

The reporting of reactions to medicines in the HP program was fairly uncomplicated. Occasionally a parent was uncertain whether the symptoms that occurred following a dose were caused by the remedy, or whether they were coincidentally caused by other factors such as infections, teething, emotional upsets, and so forth.

The area of most interest, and controversy, involved the identification of diseases acquired by participating children for which HP remedies had been previously given, and the measurement of the exposure to diseases covered by the program. This information is needed to calculate the effectiveness of the HP method - the area of greatest disagreement with those in orthodox medicine.

All that can be said is that I believe that parents answered to the best of their ability, given the range of comments returned, but also given the consistency of comments from thousands of parents over 18 years. Quite a few mentioned that they just could not be sure whether exposure occurred, even though they felt it was likely. A number of reports of disease were also questionable as no definite diagnosis was made and the symptoms were very mild. All the responses by parents are recorded in the Appendices for the reader to examine and thus to make up his/her own mind as to whether data were classified appropriately.

It should be noted that while the program was first made available in 1986, the first figures were not analysed until 1998 to allow for the program to be used for at least 12 months by the first respondents.

I conducted two additional pieces of research from 2001-2003 to further test the reliability of the data in this report. This research was undertaken as part of a doctoral thesis at the Graduate School of Integrative Medicine at the Swinburne University of Technology, Melbourne, Australia. When references are made to "the thesis" it means the document that was produced as a result of the doctoral research.

A flowchart outlining the progress of my research from 1986 to 2003 is shown in Figure 2. The two new research projects were as follows.

A. A detailed follow-up analysis of data reported by parents of participating children, resulting in seven additional tests being performed on data collected from 1978 to 2003. The tests were:

1. The accountability rate of the final 5-years' data was calculated to ensure a significant level of accountability (>70%) and thus greater reliability of results.

2. Non-respondents were surveyed to ensure that the questionnaires that were received gave responses that were reflective of the entire population.
3. Respondents who reported acquisition of a disease were surveyed to verify the accuracy of their initial report.
4. Respondents who reported exposure to a disease were surveyed to verify the accuracy of their initial report.
5. A more detailed statistical analysis of the data was undertaken to determine confidence limits for the figure for the efficacy of HP.
6. The accuracy of the measurements of efficacy based on notifications of and exposure to diseases was tested by calculating the *sensitivity* and *specificity* of the data (these are defined statistical measures of reliability).
7. A comparison with national disease attack rates was undertaken to provide an effective control group against which to compare results.

B. A General Health Survey of 781 children was undertaken using a retrospective questionnaire analysis.

Questions were asked examining early childhood factors such as birth weight, gestation, APGAR scores, length of breastfeeding and method of disease prevention. The child's health experience with asthma, eczema, ear and hearing problems, allergies and behavioural problems was examined, as was the parents' evaluation of their child's general health. Cases of whooping cough, measles and mumps were recorded, as was each child's hospitalisation experience. With both health conditions and infectious diseases, respondents were asked whether a diagnosis by a medical practitioner was made.

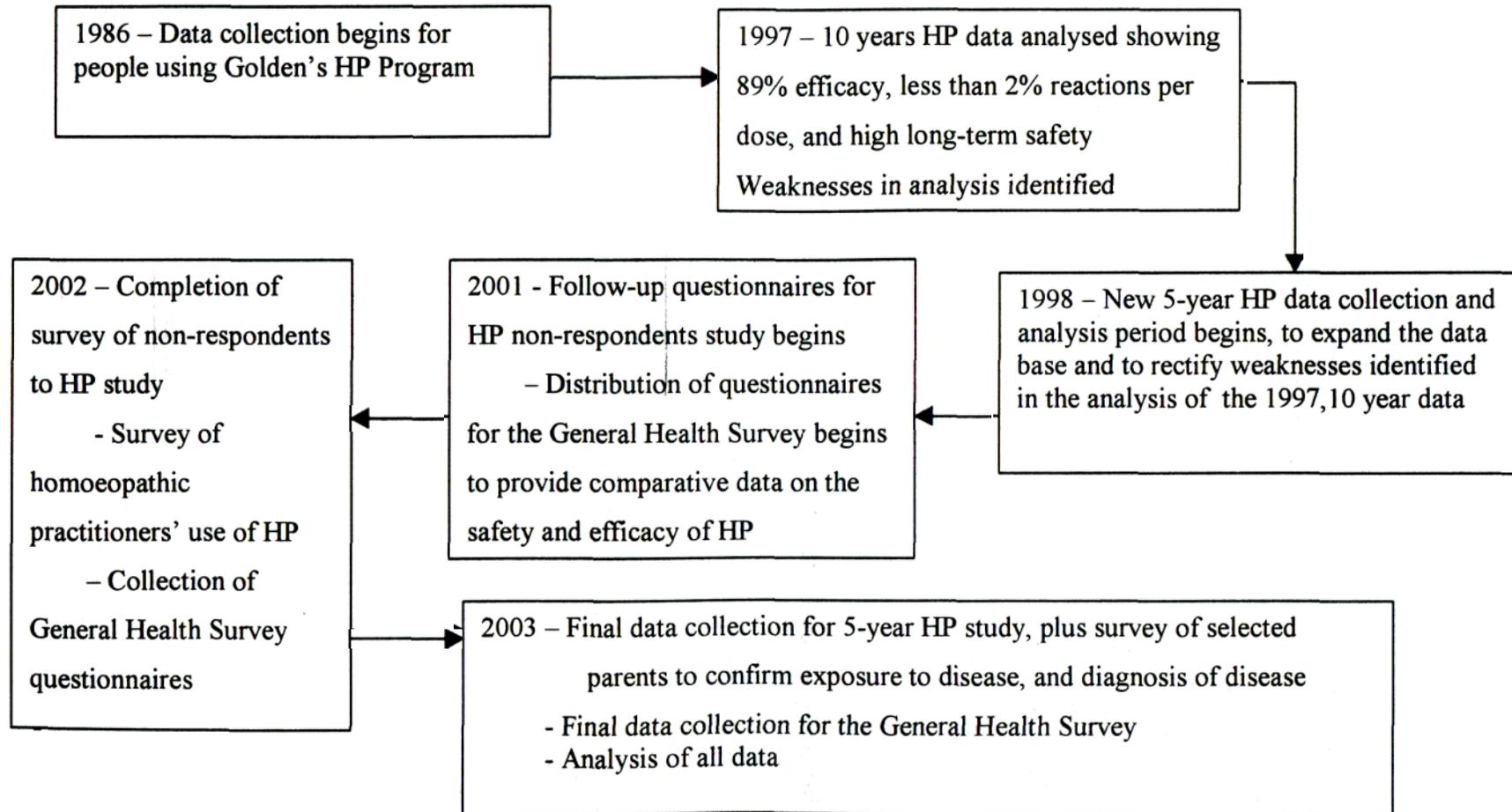
Whilst the results of the General Health Survey will not be described in detail in this report, a summary of findings that support the fifteen year research program will be given.

I have made every attempt that time and finances allowed to improve the reliability of the findings presented in Chapter 4. If significant resources had been available then the General Health Survey could have attracted many more respondents, and the statistical significance of the results based on the information collected would have been higher as a result.

The reader will make up his/her own mind as to how much reliance may be placed on the research findings. At the very least they show that a case exists for further research into long-term HP. However, I have no doubt that many readers will feel that the level of testing reported here is sufficient to give them considerable confidence in the high level of efficacy of long-term HP, as well as complete confidence in its demonstrated safety.

When the data are compared to the 200 year experience of eminent homoeopaths using HP, I believe that any objective analyst would conclude that the use of appropriate long-term HP programs has the potential to benefit both individuals and the nation.

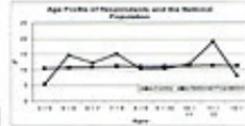
Figure 2 Flowchart of Chronological Development of Research



Year	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
...

Homœoprophylaxis – A Fifteen Year Clinical Study

A Statistical Review of the Efficacy and Safety of Long-Term Homœoprophylaxis



Year	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
...

Dr Isaac Golden
PhD, D.Hon., N.D., B.Ec (Hons)

Year	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
...

Isaac Golden

[Homœoprophylaxis - A Fifteen Year Clinical Study](#)

A Statistical Review of the Efficacy and Safety of Long-Term Homœoprophylaxis

158 pages, pb
publication 2004



More books on homeopathy, alternative medicine and a healthy life www.narayana-verlag.com